

Public Protection Cabinet Department of Housing, Buildings and Construction Electrical Division

101 Sea Hero Road, Suite 100 Frankfort, Kentucky 40601-5412 502-573-2002 Fax: 502-573-1598



ELECTRICAL PERMIT

Email to Kathy.harrod@ky.gov or fax to (502) 573-1598

	Gene	ral Information			
Date:	Permit Number:				
Customer/Applicant Name: _					
Project Name/Description: _					
Job Site Contact Name:			Phone Number: ()		
Address of Site to be Inspecte	ed or Intersection:				
City:	County:		Zip Code:		
	Electrical C	ontractor Informatio	on		
Company Name:			Phone: ()		
Company Address:					
City:	County:	State:		Zip:	
Email:		CE:	ME:	EE:	
Any Additional Information:					
	Property Own	ner Contact Informat	tion		
Name:		Phone: ()			
Address:					
City:	County:		State:	Zip:	
	Invoicing	Contact Information			
Name:	Work Order or PO Number for invoice:				
Address:	City:				
County:	State:		Zip:		
Electrical Contracted Amour	nt (Provide copy of electrical c	contract):			
Comments:					

